POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	*J.h.*		*2/22/00*
O.I.P.E. CLASSIFIER	*RSD*		*3/4/00*
FORMALITY REVIEW		*CHM*	*4-4-00*
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✔	.... Rejected	N	.... Non-elected
=	.... Allowed	I	.... Interference
—	(Through numeral)... Canceled	A	.... Appeal
÷	.... Restricted	O	.... Objected

Claim Final	Original	7-1-02	4-1-03							Date			
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If more than 150 claims or 10 actions
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